



# Northwest Society of Plastic Surgeons

## Application for Membership

10/16

Name	Date
Office Address	Phone
Residence Address	Phone
Place of Birth	Birthdate
College & Degree(s)	Dates
Medical School	Dates
Internship: Hospital	Dates
Graduate Training / Residency:	
General Surgery Training (Institution, Location)	Dates
Plastic Surgery Training (Institution, Location)	Dates
Board Certification	Date
(Attach letter from Chairman of program verifying completion of training if not yet certified)	
Licensure: State or Province	Date
Membership in Medical Societies (Plastic)	

Membership in Medical Societies (Other)	
Teaching Appointments	Date
Hospital Appointments	Date
Recommended for Membership by:	
1.	
2.	
3.	

Please note: In making application for membership to the Northwest Society of Plastic Surgeons, you agree to abide by the Constitution and By-Laws of the Society and by such rules and regulations which may be from time to time enacted. Moreover, you hereby declare that you are a plastic surgeon in compliance with the Ethics rules of the American Society of Plastic Surgery (ASPS).

Signature\_\_\_\_\_

Mail Completed Application and \$200 USD to:  
Vicky Dean-Swart, 3269 SE Sherman, Portland, Oregon 97214.

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(This section for administration use)

Action	Date
Ratified by Membership	Date